

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25252

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 700

City St. Louis (No. 6656)

City St. Louis Ward 10

File No.

Registered No. 6728

St. Ward

2. FULL NAME

(a) Residence, No. 3020 N. 14th St. ✓ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 - 33</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>3</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>newborn</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
13. NAME <u>Beaul Clark</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Reynolds</u>		
15. MAIDEN NAME <u>Belle Clark</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Reynolds</u>		
17. INFORMANT (ADDRESS) <u>W. P. Dickerson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremation</u> DATE <u>8-3-33</u>		
19. UNDERTAKER (ADDRESS) <u>City Hospital</u>		
20. FILED <u>24 Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933, to July 28, 1933

I last saw h. alive on July 28, 1933 Death is said to have occurred on the date stated above, at 10:25 p.m.

The principal cause of death and related causes of importance were as follows:

159
Premature infant

Other contributory causes of importance: 101

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Lewis Emb
(Signed) City Hospital, M. D.
(Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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